

STATE OF TENNESSEE **DEPARTMENT OF COMMERCE & INSURANCE DIVISION OF REGULATORY BOARDS** PRIVATE PROTECTIVE SERVICES 500 JAMES ROBERTSON PARKWAY, 2ND FLOOR NASHVILLE, TENNESSEE 37243-1158 PHONE (615) 741-6382 FAX (615)-532-2965

FOR OFFICIAL USE ONLY				
File #				
Xact #				

SECURITY GUARD/OFFICER - APPLICATION

RE		TIONS BEFORE SUBMITTING A					S APPLICAT	<u> 10N</u>
1. TY		RATION APPLYING FOR: URITY GUARD (MUST BE 18 YF	•	(See Inst	ruction sheet f	or fees)		
	UNARMED PRO (MUST BE 18 YRS C ARMED SECUR UPGRADE TO A	PRIETARY SECURITY ORG PRIETARY SECURITY ORG OF AGE & APPLICATION MUST INCI ITY GUARD (MUST BE 21 YRS O ARMED SECURITY GUARD TO UNARMED SECURITY GL	ANIZATION (PELUDE LETTER FRO	,		NG PSO EMPL	OYMENT)	
All	application fees m	ust accompany this application	. A registration	fee will be	assessed upoi	n approval of	this applica	tion.
2. PE	RSONAL DATA:				D	ate:		-
Social S	ecurity Number	Last Name	First Name			Middle Nar	ne	
Residence	ce (Street) Address, A	Apt. No.						
City				State			Zip Code	
(Area Co	ode) Home Phone Nu	ımber	E-mail addre	ess (If availal	ole)			
Date of E	Birth (M/D/Y)	Place (City,State) of Birth	Sex(M/F)	Race	Height	Weight	Hair	Eyes
a.	-	ed States Citizen? cumentation establishing your	· legal alien sta	tus.			Yes	No 🗌
b.	Have you ever	used a name other than th	e one by whic	h you are	applying?		Yes	No 🗌
	If yes, give the n	ame(s):						
	Explain why the	name(s) was used:						
C.	Name the Guar	d Company or the Propriet	ary Security (Organizati	on (PSO) yo	u will be w	orking for:	
Company	y Name		Str	eet Address				
City		State		Zin Co	de	(Area Code	1 Telephone 1	Number

3. l	PR a.	EVIOUS APPLICATION Have you previously		_	ation in Tenne	ssee?		Yes	s [] No 🔲
		If yes, when did you a If yes, was your regis If no, please explain.	tration card issued?	eet of paper if ne	cessary)			Yes	s [] No 🗌
		If yes, what date was If yes, what was the e								
		If yes, has your regist If yes, why?	ration ever been susp	ended or revoke	d?			Yes	s [No 🗌
I	o .	Have you been regingler of the state?	-	_	ner state? ation Number:			Yes	s [] No [
(С.	Has this license or I	_	_				Yes	s [No
		HER RESIDENCES: ach a separate sheet i		which you have liv	ved for the past	five (5)	years. Includ	e your cu	rren	t address.
Street	Add	dress		City		State	Zip Code	From	n (Mo/	Yr) To (Mo/Yr)
Street	Add	dress		City		State	Zip Code	From	ı (Mo/	Yr) To (Mo/Yr)
Street	Add	dress		City		State	Zip Code	From	ı (Mo/	Yr) To (Mo/Yr)
		ST EMPLOYMENT Is eparate sheet if neces		s or occupations	you have held	in the ii	mmediate pas	st five (5)	yea	rs. Attach
Comp	any	Name	Address		City		State	(Mo/Yr)	То	(Mo/Yr)
Comp	any	Name	Address		City		State	(Mo/Yr)	То	(Mo/Yr)
Comp	any	Name	Address		City		State	(Mo/Yr)	То	(Mo/Yr)
- <u>1</u> <u>9</u>	disc Fer the of dis	IMINAL HISTORY IN qualify you for a registra nessee Bureau of Inve- following questions, this application, a co position of your arres charges no longer lect. A complete expl	ation. However, all are estigation (TBI) and the you are required to certified copy of the st and/or charges, in that these records canation of the facture.	rests or charges, e Federal Bureau provide to this ne warrant or o ncluding susper on file, you mus al circumstance	regardless of dis u of Investigation office no later to other notarized ided or deferre ot obtain a cer- es surrounding	sposition (FBI). Shan the cour discourtified I	n, appear on If you answirty (30) days t documentences. If the	record rever or magain after the safter the court the court	turn ark e co ng nat o clei	s from the to any of empletion the final dealt with the that
í	а.	Have you ever been If yes, what state(s):		ssee or any oth	er state?			Yes	· [」No □

b. Were you transported to or surrendered at a police station, sheriff's office or other law enforcement facility?

			Yes 🗌 No 🗌
C.	Once there, were you fingerprinted,	photographed and booked into jail?	Yes No No
d.	What were you charged with? Please	e list all charges below. (Attach a separate sheet if r	necessary.)
Date	Charge	City	State
Date	Charge	City	State
Date	Charge	City	State
e.	Did you appear before the court and	l enter a plea of guilty, not guilty or no contest?	Yes 🗌 No 🗌
f.	Did the court find you guilty of any cl	harges?	Yes 🗌 No 🗌
g.	sentence imposed by the court. Indicate sentence or period of probation, and list twarrant or other notarized court doc explanation of the circumstances surre	of any charge(s), identify the offense(s) of which you exthe fine, time in the county jail or penitentiary, deferrent the sentence below. In addition, you must forward cuments showing the final disposition of any chounding the arrest(s). Attach an explanation of the cingraph of this application section. Attach a separate state of the cingraph of the application section.	ed sentence, suspended a certified copy of the large(s), as well as an roumstances surrounding
Date	Charge	Sentence P	robation Completed Date
Date	Charge	Sentence P	robation Completed Date
Date	Charge	Sentence P	robation Completed Date
h.	Are you currently on a deferred sent	ence or on probation?	Yes 🗌 No 🗌
l.	Did the court dismiss the charge(s) a	gainst you?	Yes No No
j.	Were the charges against you expun If yes, you must provide a copy of the ex	Yes No No	
k.	charge(s). You are required to provide th	ing against you? quested below, along with an explanation of the circum is office with certified court documents showing the dispension resolved by conviction or dismissal. Attach a sep-	position of these charges
Date of A	rrest Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
Date of A	Arrest Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
		o not qualify to obtain an armed registration if omestic violence against a spouse, a live-in part	
I.	Have you ever been convicted of a probation of one (1) year or more co	felony offense? (A felony is an offense for whould have been imposed.)	ich a jail sentence or Yes No
m.	Have you ever been convicted of an partner, or a child?	offense, which involved domestic violence again	nst a spouse, a live-in Yes

7. OTHER INFORMATION:

	If yes, are these conditions being improved through some course of treatment or monitoring program?			
		-	ase explain on a separate sheet of paper and provide documentation of such participation.	Yes No No
	b.	If ye	ve you ever been declared incompetent by reason of mental defect or disease? es, have you been declared competent? tach relevant documentation of this fact.)	Yes No No Yes No
	C.	gua If ye	you have any disability which could/would prevent you from performing the dutienard/officer? es, please explain and provide explanation of circumstances, which would enable you to act as a separate sheet of paper.	Yes No
8.	MIL	.ITA	ARY HISTORY:	
	a.	Hav	ve you ever served in the Armed Forces of the United States of America?	Yes No
	b.		o, did you receive an honorable discharge? ther than an honorable discharge, attach a separate sheet of paper explaining the discharge.	Yes No
8.	<u>I H/</u>	AVE	E ENCLOSED:	
		a.	Three (3) Sets of Classifiable Fingerprints: In accordance with <u>Tennessee Code Annotated</u> attached are three (3) sets of classifiable fingerprints. Remember that all information on fingerprin completed and signed.	
		b.	Three (3) 1"x1" Color Passport-style Photos: In accordance with <u>Tennessee Code Annotated</u> include your name and Social Security number on the back of each.	<u> §62-35-116(a)(8).</u>
		C.	The Required Application and Fingerprint Fees: In accordance with <u>Private Protection</u> Administrative Rule 0780-5-223(3), please include all applicable fees required for the proapplication.	

10. STATEMENT OF COMPLIANCE AND UNDERSTANDING:

(Application must be signed under oath and notarized)

I understand that it is my responsibility to know and understand the laws and rules regulating private security guard/officers in the State of Tennessee and that I may obtain this information through my employer and/or through training required for this registration.

I understand that I am to receive the proper security guard unarmed training within sixty (60) days of submitting this application.

I understand that I may not begin work in the State of Tennessee as an unarmed guard until this application has been completed and forwarded to the State of Tennessee, Private Protective Services Licensing Section for processing. I may not begin working as an armed security officer until I have been issued an armed registration card and have obtained a written directive from the local law enforcement authority having jurisdiction. Beginning work prior to submitting this application is a direct violation of the law, and you and your employer may be subject to violations and penalties.

I understand that I am to carry a completed copy of this application with me while on duty as a security guard/officer until my registration card is issued by the State. And, I am to make the application or registration card available upon request to State or local authorities.

I understand that I may not continue to work as a security guard/officer using a copy of my application after the application has been closed or denied by the Private Protective Services Licensing Section. If an application is denied, the applicant may not work with copies of future applications.

I understand that this application will not be processed without the proper non-refundable application fee, and that upon approval of my application a registration fee will be due prior to issuance.

I understand that any false statements, misrepresentations, or my failure to comply with any aspect of this law or my responsibilities may result in the DENIAL of this application. Therefore, I hereby certify that all answers, statements and information I have given in connection with this application are true and correct to the best of my knowledge and belief. Further that I, the undersigned, did personally complete this application and signed my name in the presence of a Notary Public.

I hereby certify that I understand that should I be charged with an offense other than a minor traffic offense, I am required to notify the State of Tennessee, Private Protective Services Licensing Section within thirty (30) days of any such charge(s) and of any disposition of said charge(s).

I hereby certify that should I now be applying for an Armed Guard Registration, or should I determine to apply for one in the future, that I am required to complete training as required by Tennessee Code Annotated 62-35-118(b).

			(Signature of Applicant
	Subscribed and sworn to, before me on this	day of	, ,
NOTARY SEAL]			
			(Signature of Notary Public
	My commission	expires:	



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE PROTECTIVE SERVICES
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1158
PHONE (615) 741-6382 FAX (615)-532-2965

SECURITY GUARD/OFFICER - APPLICANT INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU COPY OR SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS

READ INSTRUCTIONS CAREFULLY

Date Application Mailed/Submitted to State:

APPLICATION AND REGISTRATION FEES	Application Fee	Registration Fee				
UNARMED SECURITY GUARD (MUST BE 18 YRS. OF AGE)	\$50.00	\$20.00				
ARMED SECURITY GUARD (MUST BE 21 YRS. OF AGE)	\$75.00	\$30.00				
DOWNGRADE TO UNARMED GUARD	\$10.00	\$20.00				
CONDITIONAL REGISTRATION CARD FOR ARMED GUARD	\$15.00					
FINGERPRINT FEES						
UNARMED (Send only upon the request of this office)	\$24.00(TBI char	ge)				
ARMED (Send with application)	\$48.00(TBI & FBI charge)					

If you are requesting a Conditional Registration Card, you must submit <u>ALL</u> applicable fees (Total of \$168.00 - Includes Application fee, Armed fingerprint fees, Conditional Card issuance fee & Armed Registration fee) with your application for Armed Registration.

You may not begin work in the State of Tennessee as an Unarmed Guard/Officer until this application has been completed and forwarded to the Private Protective Services Licensing Section for processing. You may not work as an Armed Security Guard until either your Armed Conditional Card or your Armed Registration Card has been issued by this office and you have a written directive issued by the chief law enforcement officer of the county in which the security company you intend to work for is physically located.

Average processing time for this application is 2-4 months. Submit the registration fee and fingerprint fees with your application to insure the timely issuance of your registration (Unarmed Fees: \$94.00/Armed Fees: \$153.00).

- > Application fees are <u>non-refundable</u> and <u>must</u> be submitted with the application. The application will not be processed without the required application fee.
- Three (3) 1"x 1" color passport-style photos (with your name and Social Security Number printed on the back of each) <u>must</u> be submitted with this application. Place the photos in a small envelope with your name printed on it and attach to the application.
- Three (3) completed fingerprint cards <u>must</u> be submitted with this application. Prints must be rolled nail to nail by a qualified, trained technician **on the fingerprint cards provided by this office**. The cards must be fully completed and signed. All questions in the blocks at the top of the card must be answered. Enter N/A if the question does not apply to you.
- You must answer each question on the application. Enter N/A if question does not apply to you. If you need additional space to answer any question, attach additional 8½ x 11 sheets and identify the question number you are answering. All information on arrests & convictions must be fully disclosed and final court dispositions submitted with your application.
- > If your address changes during the application process or after issuance, you must notify this office in writing of your new address.
- > If you fail to respond to any correspondence from this office, your application will be CLOSED or DENIED.
- > Upon approval of your application, a notice will be forwarded to your last known address requesting the registration fee. Registration fees must be paid within thirty (30) days of the date printed on your notice or your application will be closed with no further notice from this office.
- When paying fees, you may submit a cashiers check, money order or personal check made payable to: Tennessee Department of Commerce & Insurance.
- It is your responsibility to know and understand the laws and rules regulating private security guard/officers in the State of Tennessee. You may obtain this information through your employer and/or through training required for this registration.
- You are required to carry a completed copy of your application with you while on duty as an unarmed security guard/officer until your registration card is issued by the State.
- You are required to make the application or registration card available upon request to State or local authorities.
- You may not continue to work as a security guard/officer using a copy of your application after the application has been <u>CLOSED</u> or <u>DENIED</u> by this office.